

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PT-047)**

SERIAL NO.

APPLICANT

FILING DATE

DA/658 785

9/8/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
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60						
TOTAL NO.	6					
TOTAL DEF.	44					
TOTAL	50					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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100						
TOTAL NO.	9					
TOTAL DEF.	68					
TOTAL	77					